		• PART B	B - FEE(S)	TRANSM	ITTAL				
O Complete and send	this form, together v	vith applicable		Com P.O. Alex	missioner fo Box 1450	E FEE or Patents inia 22313-14	450		
INSTRUCTIONS This for appropriate Ast further confidence will be corrected	orm should be used for transcrespondence including the below or directed otherwise	nsmitting the ISSU Patent, advance or e in Block 1, by (a	JE FEE and I rders and notif a) specifying a	UBLICATION of ma	N FEE (if requiintenance fees vondence address	nired). Blocks 1 will be mailed to ; and/or (b) indi-	through 5 the curren cating a ser	should be completed what correspondence address arate "FEE ADDRESS"	
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APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR		ATTORNEY DO	CKET NO.	CONFIRMATION NO.	
10/632,385 TITLE OF INVENTION: P	08/01/2003 ARTICULATE INORGAN	IC SOLIDS TREAT	Modasser El- TED WITH OI	. •	SPHINIC COMF	13540 POUNDS	,	4145	
APPLN. TYPE	SMALL ENTITY ISSUE		EE	PUBLICA	TION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400		\$:	300	\$1700		07/10/2006	
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1. Change of correspondence CFR 1.363).  Change of correspondedress form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Millennium	D RESIDENCE DATA TO E s an assignee is identified be a 37 CFR 3.11. Completion EE Inorganic Chemical c assignee category or category	elow, no assignee of this form is NO	data will appe I a substitute fo (B) RESIDEN Hous	ar on the pate or filing an ass NCE: (CITY a	ent. If an assign signment, and STATE OR C	COUNTRY)			
4a. The following fee(s) are    X   Issue Fee   Y   Publication Fee (No so X Advance Order - # o	Payment b	t of Fee(s):  eck in the amount of the fee(s) is enclosed.  ment by credit card. Form PTO-2038 is attached.  Director is hereby authorized by charge the required fee(s), or credit any overpayment, to sit Account Number 01-2230 (enclose an extra copy of this form).							
5. Change in Entity Status  a. Applicant claims S	(from status indicated above	e) 37 CFR 1.27.	☐ b. Applica	nt is no longer	claiming SMAI	LL ENTITY statu	ıs. See 37 C	FR 1.27(g)(2).	
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Authorized Signature	Win me	(amai	<u> </u>		Date	April 18,	2006		
Typed or printed name _			:		=	lo. <u>44<b>,596</b></u>			
This collection of informatian application. Confidential submitting the completed at this form and/or suggestion. Box 1450, Alexandria, Virginia 22313-Linder the Paperwork Reduce	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C oplication form to the USPT for reducing this burden, slinia 22313-1450. DO NOT 1450. tion Act of 1995, no persons								

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